

BUREAU OF CHILD CARE LICENSING APPEAL REQUEST FORM

Complete this form if you would like to appeal an action taken by the Bureau of Child Care Licensing.

Name: _____

Today's Date: ____/____/____ Daytime Phone Number: _____

Provider Type: ____ Family (Licensed or RC) ____ Center

Facility Name (if applicable): _____

Address: _____
(street)

Address: _____
(city) (zip)

A. What would you like to appeal?

A. ____ Application Denial Date of Denial: ____/____/____

B. ____ Statement of Findings Date of Statement: ____/____/____

Please list specifically which findings you would like to discuss, or write "all" if you would like to discuss all of the findings from this date.

C. ____ Directed Plan of Correction Date of Plan: ____/____/____

D. ____ Civil Money Penalty Date of Notice: ____/____/____ Amount \$: ____

E. ____ Conditional Status Date of Notice: ____/____/____

F. ____ Background Screening Denial Date of Denial: ____/____/____

G. ____ Variance Request Denial Date of Denial: ____/____/____

H. ____ Notice of Revocation Date of Revocation Notice: ____/____/____

I. ____ Notice of Immediate Closure Date of Closure Notice: ____/____/____

J. ____ Other (please explain): _____

(OVER)

B. With whom would you like to discuss this action?

_____ The Regional Program Manager

_____ The Child Care Licensing Bureau Director

_____ A Peer Review Committee (for centers only)

_____ The Health Systems Improvement Division Director

_____ An informal hearing with an Administrative Law Judge

_____ A Formal hearing with an Administrative Law Judge

C. Signature: _____

Please send to:

**Bureau of Child Care Licensing
915 North 400 West, Suite #201
P.O. Box 650
Layton, Utah 84041**

Fax Number (801) 444-7286